

Submit via email

ESTATE PLANNING WORKSHEET



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PERSONAL INFORMATION

Husband's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

E-mail Address _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Date of Marriage _____

Wife's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

E-mail Address _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

| Name | Birth date | Parent or Relationship |
|-------|------------|------------------------|
| _____ | _____ | _____ |

Comments: _____

Comments: _____

Comments: _____

Comments: _____

ADVISORS

| Name | Telephone |
|----------------------------|-----------|
| Personal Attorney _____ | _____ |
| Accountant _____ | _____ |
| Financial Advisor _____ | _____ |
| Life Insurance Agent _____ | _____ |

PROPERTY INFORMATION

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

| General Description and/or Address | Owner | Market Value | Loan Balance |
|------------------------------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | <i>Total</i> | _____ | _____ |

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

| Type or Description | Owner | Market Value |
|---|--------------|--------------|
| Miscellaneous Furniture and Household Effects (Total) | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | <i>Total</i> | _____ |

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRAs or 401(k)s here

| Name of Institution and account number | Type | Owner | Amount |
|--|--------------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | <i>Total</i> | _____ | _____ |

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

| Stocks, Bonds or Investment Accounts | Type | Acct. Number | Owner | Amount |
|--------------------------------------|-------|--------------|--------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

| Name of Debtor | Date of Note | Maturity Date | Owed to | Current Balance |
|----------------|--------------|---------------|---------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Total _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

| Type | Owner | Value |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | <i>Total</i> | _____ |

SUMMARY OF VALUES

| ASSETS | Amount* | | Total Value |
|--------------------------------|---------|-------|-------------|
| | Husband | Wife | |
| Real Property | _____ | _____ | _____ |
| Furniture and Personal Effects | _____ | _____ | _____ |
| Automobiles, Boats and RV's | _____ | _____ | _____ |
| Bank and Savings Accounts | _____ | _____ | _____ |
| Stocks and Bonds | _____ | _____ | _____ |
| Life Insurance and Annuities | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Business Interests | _____ | _____ | _____ |
| Money owed to you | _____ | _____ | _____ |
| Anticipated Inheritance, Etc. | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ |
| Total Assets: | _____ | _____ | _____ |

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

INITIAL TRUSTEE(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

FOR HUSBAND

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FOR WIFE

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DEATH TRUSTEE/EXECUTOR:

After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

FOR HUSBAND

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FOR WIFE

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

HUSBAND'S AGENT

| Name | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WIFE'S AGENT

| Name | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND'S AGENT

| Name | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WIFE'S AGENT

| Name | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

KEEP IN TRUST FOR LIFE FOR BENEFICIARY: Provides some protection from creditors, predators, or from themselves. Beneficiary can be named co-trustee and/or sole-trustee of his/her trust at ages you determine. So long as their access is limited to health, education, maintenance and support, there is some protection from creditors.

Beneficiary Age to be: Co-Trustee: _____ Sole Trustee: _____

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To each spouse's heirs-at-law.
- One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.
- To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

Acknowledgement

The information I have provided herein is accurate to the best of our knowledge. AMIN LAW OFFICES, LTD. may rely on the information herein in preparing my custom estate plan. We verify that the information furnished is complete and accurate and that you will not be making an independent investigation to confirm the data.

Husband

Wife

Signature

Date

Signature

Date

Submit via email